

*Celebrating 20 years of  
Indiana's Most Prestigious*

# **AWARD**

## **FOR VOLUNTEER SERVICE**

**The Office of Faith-Based and Community Initiatives** is seeking nominations for recipients of the **2007 Governor's Award for Volunteer Service** - Indiana's Most Prestigious Celebration of Volunteerism.

The 2007 Honorees will be recognized for outstanding volunteer contributions to causes that include health care, neighborhood revitalization, youth and senior activities, the arts, education, justice, housing, nutrition and social services at the Governor's Conference on Service and Volunteerism gala awards breakfast.

Since 1994 more than 300 past Honorees have given what they can at great personal sacrifice, or have motivated others to assist in addressing important community initiatives.

**Please help us by nominating a deserving volunteer.**

This year's event will take place at the Governor's Conference on Service & Volunteerism at the Indianapolis Marriott Downtown Hotel, March 12-13, 2007. Each honoree will receive a beautiful customized award, presented by the representatives of the highest office in Indiana.

This is your official Nomination Form with program guidelines. Any individual, high school age or older, is eligible.

To receive additional Nomination Forms, call (317)233-4273. To submit your Nomination Form online visit the Governor's Award for Volunteer Service web site at [www.ofbci.in.gov](http://www.ofbci.in.gov), and click on Nominations.

**Electronically submitted Nomination Forms are due on or before Monday, February 6, 2007.**

**All hard copy entries must be postmarked no later than Monday, February 6, 2007.**

Thank you for helping the **Office of Faith-Based and Community Initiatives** honor Indiana's most outstanding volunteers!

# 2007 Governor's Awards for **VOLUNTEER SERVICE**

## NOMINATION FORM

Please type or print legibly

Please indicate the appropriate category. An individual may only be nominated in one category.

☐ Youth ☐ Faith-Based ☐ National Service ☐ Service Learning ☐ Volunteerism ☐ Lifetime Achievement

*Please feel free to copy and share this form with others!*

Nominee's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Position: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name/Organization (as applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Nominee (friend, co-worker, etc.): \_\_\_\_\_

How did you learn about the Governor's Awards for Volunteer Service? TV NEWSPAPER

PAST HONOREE FRIEND MAILING OTHER-Please Explain \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use additional sheets if necessary.

You may provide other support materials that will enable the Selection Committee to choose the most deserving candidates.

## Governor's Awards for Volunteer Service

**If you have questions about completing this Nomination Form or the guidelines, please call (317) 233-4273 or email your inquiry to [info@ofbci.in.gov](mailto:info@ofbci.in.gov).**

1. Provide a brief overview of the nominee's volunteer activities and organization(s) served so that we understand what the person does to benefit individuals, the community or volunteer groups. Name and describe the organization(s) helped and service(s) provided.

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2. Describe the impact of the nominee's volunteer service in the community. Please quantify the number of people served, human and capital resources generated and lasting positive impact.

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3. Describe how this person has demonstrated leadership, innovation or creativity in providing volunteer service. List any special positions or leadership roles this nominee has played in his or her volunteer projects or services.

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4. Describe any special challenges (physical, time or financial limitations) this nominee has had to overcome to perform his or her volunteer service.

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5. How long has this individual been volunteering? Be specific. How many years of service has the nominee provided? How much time per week, month or year does this nominee devote to volunteer activities?

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6. Summarize why this person deserves a Governor's Award for Volunteer Service and provide any additional information you feel is important for consideration of this candidate.

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7. In order to qualify, a nominee must have three (3) references who may be contacted to verify the scope and extent of the nominee's activities. References should be people familiar with the nominee's community service activity and should not include the nominee or any person related to the nominee.

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
E-mail _____	E-mail _____	E-mail _____
Relationship _____	Relationship _____	Relationship _____



Please return the completed nomination form to:

**Office of Faith-Based and Community Initiatives**  
**302 W. Washington Street, Room #E012**  
**Indianapolis, IN 46204**

For additional information, call: (317) 233-4273 or email [info@ofbci.in.gov](mailto:info@ofbci.in.gov)  
NOMINATIONS are due ON OR BEFORE Monday, February 6, 2007.  
Entries received after postmark date will be considered for 2008.

*Indiana's Most Prestigious Celebration of Volunteerism*

# NOMINATION FORM GUIDELINES

*Please read carefully. The Selection Committee will consider adherence to these guidelines and procedures when evaluating nominations.*

## Eligibility

The Governor's Awards for Volunteer Service recognize those people who have voluntarily contributed time and talent to the betterment of their communities, including but not limited to the areas of health care, social services, youth or senior activities, the arts, education, justice, housing or nutrition. Nominations will be evaluated with considerable attention given to the beneficiaries of the nominee's voluntary activities and the impact those activities have had in Indiana. Preference will be given to those nominees whose work has benefited people or organizations with limited resources to help themselves. **Activities in support of political candidates or ballot initiatives will not be considered when evaluating nominees.**

Only INDIVIDUALS, 14 or older, are eligible for nomination. For students, academic course credit received for providing volunteer community service may be considered in the individual's nomination.

## Nomination Form

To receive additional Nomination Forms, call (317)233-4273, or download the form from the program's website at [www.ofbci.in.gov](http://www.ofbci.in.gov).

## Selection Procedure

- The nomination application must be completed in full. Do not enclose the application in a folder or binder.
- Any individual or group may nominate one or more people. An individual may nominate a relative, himself or herself.
- The nominator's relationship, if any, to the nominee must be specified (i.e., self, wife, son, supervisor, organization executive director, co-volunteer, etc.).
- A select panel of community, government and corporate leaders will make selections of semi-finalists and honorees. Their decision is final. All nomination forms and supplementary information become the property of the Selection Committee and cannot be returned.
- You may answer questions on a computer-generated duplicate, photocopied form or additional pages. Be sure to identify your nominee on each additional page.
- Answer all questions. Be concise but thorough.
- Focus on nominee's area(s) of **greatest impact** and **innovation** in the community.
- Provide sufficient background information. Selection Committee members may know little, if anything, about your nominee and his or her organization(s).
- Attach additional pages as needed. Answers continued on attached pages should include the nominee's name. Please restate the entire question being answered.
- You may provide any supporting information you think will assist the Selection Committee. Supplemental information should support, not restate, what has already been written. Do not enclose videotapes, scrapbooks or other non-printed materials, as they will not be returned.
- All information provided will be verified by Committee members and/or OFBCI staff.
- Submit electronically at [www.ofbci.in.gov](http://www.ofbci.in.gov) or mail completed nomination form to:

**Office of Faith-Based and Community Initiatives  
302 W. Washington Street, Room #E012  
Indianapolis, IN 46204**